

## ***Draft Work Plan for HJR 48-- Study Regarding Paying for Health Care***

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### **Introduction**

This Draft Work Plan for House Joint Resolution No. 48, a study of health insurance reform and public funding of health care programs, will require a minimum of 16 hours of concentrated committee work time. This Draft Work Plan lists topics to be addressed as provided in HJR 48, suggested schedules, and proposed deliverables.

The options for conducting the study range from having the Economic Affairs Committee (EAIC) spend part of its meeting time on this study to instead following Legislative Council's recommendation and requesting a joint subcommittee consisting of 4 EAIC members and 4 members of the Children, Families, Health and Human Services Interim Committee (CFHHS).

The study can be broad or narrow, depending on how many of the listed topics are addressed in-depth. The main study areas are: approaches to health-care financing (insurance exchange, tax credits, expansion of existing systems), use of health insurance pools and community delivery systems, and the advantages or disadvantages of mandated coverage (in total or in types of service) and of health savings accounts. Deliverables can be specific, as in legislation, or general, as in information.

### **I. *Scope of Study***

The Legislative Council on May 15, 2007, assigned House Joint Resolution No. 48, a study regarding health insurance reform and systems of paying for health care, to the EAIC with the suggestion that a joint subcommittee be formed with the Children, Families, Health and Human Services Committee. Issues regarding the choice between a subcommittee or a committee:

- ▶ Budget and staffing of a joint subcommittee reduces the main committees' budgets and staffing. Both committees would contribute from their budgets. The key staffing consideration is the secretary's time because research duties and coordination would be handled by a research analyst not assigned to either EAIC or CFHHS.
- ▶ Scheduling can be done to coincide with either main committee or (both) or can be completely separate.
- ▶ Participation by members from 2 committees expands the expertise.

### **II. *Issues as listed in legislation with related activity***

The goal of the study is to review options for increasing access to health care at reasonable costs. Access involves who pays for coverage of health care services as well as availability. Reasonable costs involve issues of quality and affordability of care or of health insurance premiums. The study is broad in its list of issues. Specifically listed tasks include:

- Study creation of a system of universal, portable, affordable health insurance coverage that involves private health insurance issuers and incorporates existing public programs.

- Study ways to improve the quality, affordability, and delivery of health care.
- Study use of a health insurance exchange and what would be necessary to implement it.
- Examine similar reforms enacted in other states, including the cost of the reforms to the states and to consumers, any improvements in affordability or availability, and barriers to enactment, along with solutions to those barriers.
- Study advantages and disadvantages of mandating private universal coverage.
- Address whether and, if so, how to incorporate existing state-related insurance programs into reforms.
- Address whether to include public employee health benefit programs in a reform proposal.
- Address whether to maximize the use of federal funds and ensure broader coverage through existing publicly funded health care programs, including Medicaid and the Children's Health Insurance Program, and, if so, what types of changes might be needed.
- Examine how health care providers handle uncompensated care and provide an estimate of the uncompensated costs.
- Examine opportunities for coordination with the federal government and tribes regarding health care services and programs.
- Examine other issues related to access to health care, including access in rural areas.
- Examine opportunities for coordinating workforce planning and medical education funding.
- Involve interested parties.

### **III. Study Schedule (*all times tentative*)**

**June to September** Staff to compile from legislators, other states, and interested persons a list of goals and concerns plus background reports on HJR 48 issues.

**1st meeting** (4 hrs) Committee/subcommittee to adopt work plan and operating guidelines, scope of study and types of deliverables. Speakers on three types of health care financing: health insurance exchange, tax credits, combination of private/public pay. Panel on self-sufficiency, insurability, underinsured.

**2nd meeting** (4 hrs) Panel discussions/reports on expanding existing insurance pools (state, teachers, Insure MT, Montana Comprehensive Health Association) and roles of Indian Health Service and community health centers.

**3rd meeting** (4 hrs) Panel discussion on mandated universal coverage through private and public payors and changes in existing mandates to provide more price ranges for existing private pay insurance. Examine Health Savings Accounts. Choose whether to draft legislation on any of the above topics.

**4th meeting** (2 hrs) Meeting to review legislation and remaining HJR 48 issues.

**5th meeting** (1 hr) Consider final report and legislation changes/recommendations.

**Final meeting** (1 hr) Review by full committees of final report/legislative suggestions.

### **IV. Study deliverables and end products**

Working papers on issues listed in HJR 48. Panel discussions. The final report will include recommendations for new legislation, if any, and revisions to existing statutes, if needed.

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